

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
1. County of <u>Dila</u>		BUREAU OF VITAL STATISTICS	State Index No. <u>185</u>
District of _____		ORIGINAL CERTIFICATE OF BIRTH	Co. Registrar No. <u>277</u>
Town of <u>Miami</u>			Local Registrar No. _____
or _____			
City of _____		St. _____ Ward) _____	
(If birth occurred in a hospital or institution, give its NAME instead of street and number)			
2. Full name of child <u>Rudolpho Wmago</u> If child is not yet named, make supplemental report, as directed			
3. Sex of child <u>Male</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other. 5. No., in order of birth <u>7</u>	6. Legitimate? <u>yes</u>
		7. Date of birth <u>March 28-1903.</u> (Month, day, year)	
8. FATHER Full name <u>Manuel Wmago</u>		14. MOTHER Full maiden name <u>Alvina Palomarez</u>	
9. Residence (Usual place of abode) <u>Miami - Ariz.</u> If nonresident, give place and State		15. Residence (Usual place of abode) <u>Miami - Ariz.</u> If nonresident, give place and State	
10. Color or race <u>Mex</u>	11. Age at last birthday <u>34</u> (Years)		16. Color or race <u>Mex</u>
		17. Age at last birthday <u>32</u> (Years)	
12. Birthplace (city or place) <u>Tombstone</u> (State or country) <u>Ariz.</u>		18. Birthplace (city or place) <u>Safford</u> (State or country) <u>Ariz.</u>	
13. Occupation <u>Miner</u> Nature of industry		19. Occupation <u>Housewife</u> Nature of industry	
20. Number of children of this mother <u>17</u> (Taken as of time of birth of child here-in certified and including this child.)			
(a) Born alive and now living <u>4</u> (b) Born alive but now dead _____ (c) Stillborn _____			

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE	
I hereby certify that I attended the birth of this child, who was <u>born</u> at <u>7⁴⁵ P.m.</u> on the date above stated. (Born alive or stillborn)	
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.	Signature <u>C. M. Crow M.D.</u> (Physician or midwife)
	Address <u>Miami, Arizona</u>
Given name added from a supplemental report _____ (Month, day, year)	Filed <u>Apr 30</u> , 19 <u>03</u> <u>C. E. Linn</u> Filed <u>5-5</u> , 19 <u>03</u> <u>B. S. Stax</u> Local Registrar. County Registrar.

946-328-179